

COMMUNITY MEMORIAL HOSPITAL ASSOCIATION

POLICY & PROCEDURE MANUAL

SECTION	Human Resources		
SUBJECT	VIOLENCE IN HEALTHCARE SETTINGS		
AUTHOR	Director Human Resources, Safety Coordinator	POLICY NUMBER	HUM 0041
DATE ESTABLISHED	April 2, 2013	DATE REVIEWED/REVISED	April 30, 2013
EXPOSURE CATEGORY	N/A		

PURPOSE

Community Memorial Hospital is committed to providing a work environment that is free from violence, threatening or intimidating conduct. No individual may engage in any verbal or physical conduct which intimidates or threatens harm to any patient, resident, employee, staff member or visitor. This policy outlines the steps that Community Memorial Hospital will take in order to ensure the safety of all staff, patients, residents and guests while on the premises.

POLICY

Community Memorial Hospital has a zero tolerance policy for workplace violence. All acts of violence or threats against any employee, staff, visitor, patient or resident are to be reported immediately. Community Memorial Hospital commits to investigate violence, respond to incidents and support victims of violent acts. Community Memorial Hospital expects that employees and staff that experience violence, or witness a violent act, will make a report to their supervisor, human resources, or (other reporting avenues that are site specific).

DEFINITIONS/SPECIAL CONSIDERATIONS

- A. **Non-Retaliation:** Staff will not be retaliated against for reporting any type of violence, or participating in an investigation of a violent act. Discrimination against victims or reports of violence will not be tolerated.
- B. **Scope of Workplace Violence in Healthcare Settings:** Workplace violence includes, but is not limited to the following acts and relationships:
 - Incidents of violence towards patients, residents, staff or visitors from internal or external sources
 - Direct and Indirect Threats
 - Domestic issues that impact the workplace
 - Verbal and Physical abuse

Any or all of the following relationships:

- Patient to staff or staff to patient
- Resident to staff or staff to resident
- Resident to resident
- Staff to staff
- Family/Visitors to staff or staff to family/visitor
- Vendor to staff or staff to vendor

C. **Violence:** Refers to any act of intimidation, harassment or instance of intentional harm or the threat of harm, including domestic violence. It includes the display of any violent or threatening behavior (verbal or physical) that may result in physical or emotional injury or otherwise place one's safety and productivity at risk.

1. **Assaulted Employee:** Any person who is reasonably put in fear of being imminently attacked by a person, either by a menacing gesture, sudden move alone, or accompanied by a threat. Additional examples include but are not limited to the following:

- Verbal threats to inflict bodily harm, including vague or covert threats
- Verbal harassment; abusive or offensive language, gestures, or other discourteous conduct toward supervisors, fellow employees or the public
- Disorderly conduct, such as shouting, throwing or pushing objects, punching walls, slamming doors
- Making false, malicious or unfounded statements against coworkers or supervisors
- Fascination with guns or other weapons, demonstrated by discussions about weapons in an inappropriate context

2. **Battered Employee:** Any person who experiences actual physical contact from another (whether or not a physical injury occurred). Additional examples include but are not limited to the following:

- Attempting to cause or causing physical harm such as striking, pushing and other aggressive physical acts against another person

D. **Protection Order:** A protection order is a form of injunction in which a civil or criminal court instructs a party to do or to stop doing something or else face civil or criminal penalties. In the present context, a victim of violence (known as the petitioner) requests that the court tell the alleged perpetrator (known as the respondent or defendant) to stop harassing, stalking, contacting, abusing, etc., the petitioner.

E. **Healthcare Environment:** is considered any place where CMH business is being conducted. This includes but is not limited to: patient/resident rooms, treatment rooms, supply rooms, offices, waiting areas, hallways, conference rooms, interviewing rooms, parking lot, grounds, vehicles, outreach sites and client homes. All buildings and properties of CMH are considered included in this definition.

F. **Patient/Resident:** Any individual at CMH who is present for the purpose of receiving healthcare services.

- G. **Staff:** All physicians (non-employed physicians are considered to be staff for the purposes of this policy), employees and volunteers.
- H. **Visitors:** All family, friends, clergy and vendors.
- I. **Violence In-House:** Any direct threat or act of physical violence which occurs on CMH's campus.
- J. **Direct Threats:** Includes civil disturbance, gang related activity, labor unrest, or other acts of violence which may present to CMH.
- K. **Indirect Threats of Violence:** Includes but not limited to phone calls, notes, mail or e-mail, vandalism, texts, texting and social media posts.
- L. **Domestic Issues/Abuse:** A pattern of behavior in any relationship that is used to maintain power or control over an intimate partner. Domestic abuse can be physical, verbal or emotional.
- M. **Intentional Violence:** Based on the victim's perception, the violent action was intended to cause harm.
- N. **Accidental Violence:** Based on the victim's perception, the violent action was not intended to cause harm.
- O. **Violence Incident Response Team (VIRT):** This is a group of key individuals who are in house or immediately available at the time of the reported threat or act and can quickly move to investigate the complaint, notify internal leaders and police if required, and mitigate further harm. Documentation of those findings and actions need to be completed as well. This team is also meant to follow-up after the initial incident has occurred and further investigate the problem and create strategies to mitigate, communicate and provide support where needed. The process for complete documentation of the investigation and actions taken will need to be communicated to the team and collected for further reporting and follow-up. This team should at a minimum include: administration, the department(s) leader, Safety Coordinator and Risk Manager/Compliance Officer.

Possible actions of the Violence Incident Response Team could include:

1. Conduct a threat assessment (Consult *Appendix: VIRT – Post Threat or Event Report Tool*)
2. Assess the vulnerability of employees and work sites
3. Plan for appropriate and immediate interventions
4. Communicate with threatened employee(s) and staff impacted by the threat
5. Report in writing to, and interact with, other bodies such as: Administration and Hospital Safety Committee
6. Assure appropriate support and resources are provided to involved employees, including employee assistance programs and law enforcement
7. Assure an action plan is in place which monitors the situation for as long as is necessary and that adequate ongoing communication is in place
8. Evaluate existing data and request additional data as needed
9. Assess patient's previous history

10. Follow up with evaluation of actions and future planning
*See Appendix for a list of the **Violence Incident Response Team** members and their responsibilities.*

PROCEDURE

All threats of violence or violent episodes will be taken seriously. Please see individual sections for responding to violence, evaluating threats of violence, and communication guidelines during or after an incident or threat occurs. It is the responsibility of all CMH staff to question the presence of all individuals in patient rooms or patient care areas. Staff should alert security to the presence of any suspicious individuals they encounter on facility premises. *See Appendix: Violence in the Workplace Response Algorithm.*

- A. **Immediate Response:** Whenever a threat or physical act has occurred, immediately report this to your supervisor or the house supervisor as applicable. If assistance is needed, contact Law Enforcement as well. The supervisor will then report this to the Administrator-on-call or House Supervisor who will initiate a **Violence Incident Response Team (VIRT)** if needed. Dependent on the time of day and day of the week, at a minimum, the Administrator-on-call or House Supervisor and the Department Head/Supervisor will activate an immediate response. *See Appendix: Violence Incident Response Form.*
 1. Violence In-House *See Appendix: Security Alert emergency response sheet.*
 - a. Activate Security Alert Emergency Code:
 - i. Call 911
 - ii. Page security alert, location and description overhead three (3) times
 - iii. Isolate acting out person and/or relocate bystanders to safety
 - b. Administrative Supervisor or Administrator on Call will:
 - i. Call victim's family if injuries are involved
 - ii. If an employee injury is involved, complete employee incident report
 - c. If a victim is to be admitted, the Charge Nurse will:
 - i. Interview the patient and determine if a continued risk exists
 - ii. If a risk exists, get a description of the threatening person/people
 - iii. Admit patient under alias
 2. Direct Threats
 - a. Notify VIRT when a direct and verified threat has been made, or when reports of violence are received from external sources. The Department Supervisor will contact the House Supervisor and determine if Law Enforcement needs to be called immediately.
 - i. Implement a lockdown of facility or potentially affected business units
 - ii. Administration may activate the Hospital Incident Command System (HICS) if necessary
 - iii. Notify Law Enforcement of potential incoming problem if necessary.
 - iv. Call 911 if necessary

- b. If a victim is to be admitted, the Charge Nurse will:
 - i. Interview the patient and determine if a continued risk exists
 - ii. If a risk exists, get a description of the threatening person/people
 - iii. Admit patient under alias
3. Indirect Threats
- a. Notify department manager:
 - i. Inform VIRT
 - ii. Interview victim and determine if a continued risk exists
 - iii. If a risk exists, get description of threatening people
 - b. If potential victim is an employee:
 - i. Consider possible reassignment to another area
 - ii. Offer employee assistance program services
 - c. If potential victim is a patient:
 - i. Consider moving to a different location
 - ii. Put hold on patient information or change name to an alias
 - iii. Notify switchboard to transfer any calls to Charge Nurse
 - iv. Complete Workplace Violence Threat Assessment tool

B. Communication Guidelines

1. Monday through Friday, during the day: Administrator on Call
 - a. Meet with department manager, safety, public relations, risk management, patient representative and H.R. to determine appropriate communication.
2. Off-shifts, weekends and holidays: Unit Charge Nurse or House Supervisor may do one or more of the following as necessary
 - a. For small or isolated cases, he/she will brief patients and staff that may be involved or affected.
 - b. For more serious or large scale events:
 - Overhead page warning or notice
 - Inform patients and staff through other department supervisors and charge staff
 - Post notices at entrances and elevators
 - Contact safety, public relations, Administrator on Call and/or department manager for further assistance
 - Complete "Patient/Visitor Safety Report" if patients or visitors are involved
3. Communication considerations:
 - Overhead page warning or notice
 - Create written statement
 - Contact department managers to share information with staff
 - Post notices at entrances and elevators
 - Contact union representatives

- Contact news media
- Contact employee assistance program

C. Investigation Considerations

1. Document circumstances of each person's involvement:
 - a. Direct quotes of what was heard
 - b. Description of behaviors and actions associated with the threat
 - c. Relationship between all individuals involved and any between the victim and perpetrator
 - d. Has EAP been contacted?
 - e. Is there a restraining order in place?
 - f. When domestic violence is involved, complete Domestic Violence Assessment (Appendix E)

D. Post-Incident Root Cause Analysis (RCA)

This process will be used to look at the circumstances surrounding a violent episode resulting from employee assault by a patient, visitor, or employee where the employee has sustained an injury or at employee/manager request. The process is intended to help CMH determine what can be done to prevent the same or similar events from happening in the future.

1. Notify the Safety Coordinator and the Risk Manager that an incident has occurred, date and time, who was involved and a general description of the event.
2. The Safety Coordinator and Risk Manager will schedule a RCA, when appropriate, within one week.
3. Involved staff of the unit where the event occurred will be scheduled to participate in the RCA (also consider EAP, HR, etc.)
4. Results of the RCA will be forwarded to the following groups, as appropriate, including but not limited to: Quality Council, Safety sub-committee, etc.
5. If no RCA is indicated, the manager will be notified of the incident by the Safety Coordinator or Risk Manager.

E. Assaulted and/or Battered Employees

CMH will provide support to all hospital employees who have recently been assaulted and/or battered. Each employee who is assaulted and/or battered will have access to treatment and services to manage the trauma.

1. Assaulted Employee Procedures:
 - a. Following an assault, the employee must notify his/her immediate supervisor.
 - b. The employee must complete an Unexpected Event Form on all observed assaults and assaults involving them.

- c. The Supervisor should refer the employee to the Employee Assistance Program, NuVantage. Timely referral is encouraged.
 - d. NuVantage staff will make contact with the employee to assist the employee with the services needed which may include: counseling, legal advice, etc.
 - e. Following an assault, a VIRT meeting will take place and may include speaking with patients, residents, visitors and staff to process the incident as soon as possible.
 - f. The employee or the VIRT will then be required to complete the Violence Incident Response Form post incident.
2. Battered Employee:
- a. Following an incident whereby an employee is battered, the employee must notify his/her immediate supervisor.
 - b. The employee must complete an Unexpected Event Form on all observed assaults and assaults involving them.
 - c. The battered employee may report to the Emergency Department for evaluation and treatment of injuries.
 - d. Following evaluation and treatment of injuries by the Emergency Department, the individual is referred to the Employee Assistance Program, NuVantage.
 - e. NuVantage staff will make contact with the employee to assist the employee with the services needed which may include: counseling, legal advice, etc.
 - f. The employee or the VIRT will then be required to complete the Violence Incident Response Form post incident.
 - g. If a battered employee determines on his or her own to file an application for criminal prosecution and/or an order for protection with the City of Cloquet, Carlton County or the State of Minnesota, CMH will cooperate with the employee and all appropriate agencies investigating by providing records of the incident, information of persons involved in the incident, time off to file police reports, court documents, attend court proceedings and etc in the interest of safety for CMH's employees, patients, residents and visitors.
 - i. The Safety Coordinator will serve as CMH's primary representative with all law enforcement interactions in relation to this policy. The Risk Manager/Compliance Officer will serve as the secondary representative in the absence of the Safety Coordinator
 - ii. The Risk Manager/Compliance Officer will serve as the primary representative with all other investigating agencies

F. Employees with an Order For Protection (OFP)

Employees are strongly encouraged to disclose with their supervisor and Human Resources if they have an order for protection (OFP). Employees will be informed that their disclosure of an OFP will be communicated to the Violence/Incident Response Team.

1. CMH will respect the employee's personal choices and express concern for the employee's well-being and safety as well as the Hospital's patients, residents, visitors and staff. Discrimination in any manner against the employee will not be tolerated.
2. VIRT will convene to conduct a threat assessment. A copy of the OFP will be requested along with a photo of the person the OFP is against. The photo will be distributed to departments and employees as necessary. A care plan will be determined if the person is a patient or may become a patient at CMH.
3. CMH will discuss options that may assist the employee, such as time off, alternating shift schedule, department temporary reassignment and other reasonable accommodations in the workplace as necessary and capable given the significance of the threat.
4. The employee will inform CMH immediately of any changes to the OFP.
5. If the OFP is against a CMH employee, CMH will do the following:
 - a. Investigate if the order of protection and the employee's crime or conduct prohibits the employee from working in a healthcare facility in accordance with Minnesota State Statute 245C Human Services Background Studies.
 - b. Suspend the employee without pay immediately until confirmation is received that the employee is eligible under the Background Studies statute to return to work.
 - c. If the employee is not eligible under the Background Studies statute to return to work, the employee's employment will be terminated effective immediately.

G. Policy Review

1. CMH's Workplace violence program should be reviewed and evaluated every year.
2. Violence risk assessments will be reviewed every year, or as the business operations of CMH expand or evolve.

H. Recordkeeping/Data Analysis

1. The Risk Manager will keep track and store all records related to an event.

I. Employee Resources

1. CMH provides an employee assistance program (EAP) available to all employees and members of their family with free confidential access to employee assistance programs and service through NuVantage Employee Resource.
2. Additional service programs may be made available for employees and others affected depending on the event and number of people affected.

J. Education Plan

1. All employees will be informed of this policy upon hire at New Employee Orientation, during Nonviolent Crisis Prevention Training and annually through CMH's employee education program, SWANK.

REFERENCES

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Institute for Emergency Nursing Research. (2011). *Emergency Department Violence Surveillance Study*. www.ena.org/IENR/Pages/WorkplaceViolence.aspx

Joint Programme on Workplace Violence in the Health Sector, Public Services International & World Health Organization. (2002). *Workplace Violence in the Health Sector*. www.who.int/violence_injury_prevention/violence/activities/workplace/en/

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U.S. Department of Labor Occupational Safety and Health Administration. (2004). *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*. www.osha.gov/Publications/OSHA3148/osha3148.html

Workplaces Respond to Domestic & Sexual Violence. (2013). *Protection Order Guide* <http://www.workplacesrespond.org/learn/protection-order-guide>

Appendix A



VIRT – POST THREAT OR EVENT REPORT

Date: _____

Time: _____

Completed by: _____

Current Situation:							
Threat?	Event?	Issue	Yes	No	N/A	Response	Action
		Was a threat made?					
		Are there witnesses?					
		What is the conflict, dispute or motive?					
		Is there a known past history of violence?					
		Is there a known suicidal ideation?					
		Are there any signs of alcohol or drug abuse?					
		Are there signs of confused thinking, delusions or hallucinations?					
		Does he/she own a gun or other weapons?					

		Has there been recent job performance deterioration?					
		Have there been marked personality changes recently?					
		Have there been instances of depression, mood swings, or self-esteem problems?					
		Are there signs that he/she tends to act out on their anger?					
		Has there been increased withdrawal or seclusion from others?					
		What are the stressors he/she is experiencing?					
		Has there been an increase in anxiety level?					
		Is he/she a combat veteran?					
		What kind of support system does he/she have?					
		What (if any) action has management taken so far?					
		What is the gut level feeling people have about this person's potential to act out violently?					

Appendix B

SECURITY ALERT

ACTING OUT PERSON IN YOUR AREA		ALL OTHER STAFF
<ol style="list-style-type: none"> 1. Isolate the acting out person if possible OR 2. Relocate all occupants from area to a safe location 3. CALL 911 AND INFORM THEM OF THREAT 4. DIAL 297 ANNOUNCE <u>LOUDLY AND CLEARLY</u>: <i>“SECURITY ALERT, LOCATION, DESCRIPTION (Gender, Size, Clothing)”</i> THREE (3) TIMES 	<ol style="list-style-type: none"> 1. If on break/lunch or in another area, return to your department immediately through safest route 2. Close all department doors; lock if possible 3. In & Out-patient departments are to remain with patients/residents; ensure their safety and continue providing care if possible <ul style="list-style-type: none"> ▪ If outpatient/visitors wish to leave, staff is to escort them to the nearest and safest exit if possible <p>**If the person matching the description enters your area, perform the steps listed above</p>	
<p>Switchboard Operator, ED Registration and Auxiliary Services will divert or hold incoming patients and visitors away from affected area</p> <p>Switchboard Operator/ED Registration will direct Law Enforcement to the appropriate area</p> <p>*LAW ENFORCEMENT PROFESSIONALS ARE THE <u>ONLY</u> INDIVIDUALS THAT ARE TO RESPOND TO THE LOCATION!*</p>		
ACTIVE SHOOTER		
<ul style="list-style-type: none"> ■ DIAL 297 ANNOUNCE <i>“SECURITY ALERT, ACTIVE SHOOTER, LOCATION (INSIDE BUILDING OR OUTSIDE BUILDING)”</i> THREE (3) TIMES ■ Quickly determine the most reasonable way to protect your own life. Remember that patients and visitors are likely to follow the lead of employees and managers during an active shooter situation. 		
RUN	HIDE	FIGHT
<p>If there is an accessible escape path, attempt to evacuate the premises.</p> <ul style="list-style-type: none"> ■ Evacuate regardless of whether others agree to follow ■ Leave your belongings behind ■ Help others escape if possible ■ Do not attempt to move wounded people ■ Prevent others from entering the area ■ Keep your hands visible ■ Call 911 when you are safe ■ Follow the instructions of any police officers 	<p>If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.</p> <ul style="list-style-type: none"> ■ Stay out of the active shooter’s view ■ Lock and/or blockade the door ■ Silence your cell phone – vibrate mode may still be heard and could give you away ■ Hide behind large objects which provide protection if shots are fired in your direction ■ Remain very quiet ■ Don’t trap or restrict your options for movement 	<p>As a last resort, and only if your life is in danger, attempt to disrupt and/or incapacitate the shooter.</p> <ul style="list-style-type: none"> ■ Act as aggressively possible against them – yell ■ Use improvised weapons (ex: fire extinguisher, chair, other objects to throw or swing) ■ Commit to your actions
<p>SWITCHBOARD/ED REGISTRATION WILL CLEAR CODE PER REPORTING DEPARTMENT WHEN LAW ENFORCEMENT HAS PERSON UNDER CONTROL OR CONFIRMS THE PERSON HAS LEFT THE BUILDING</p>		
<p>Reporting department completes an Unexpected Event Report with Department Head/House Supervisor, submits copies to Safety Coordinator, Risk & PCSA</p>		

VIOLENCE INCIDENT RESPONSE FORM

Location of Incident (Dept, Floor, Room Number):		
Time:	Date:	Length of Time:
1. Describe the violence that occurred:		
a. Violent actions by: _____ Patient _____ Staff _____ Visitor _____ Other: _____		
b. Directed towards: _____ Patient _____ Staff _____ Visitor _____ Other: _____		
2. Description of incident:		
___ Physical Abuse: (circle) shot, stab, cut, punch, slap, poke, kick, bite, grab, choke, hair pull, spit, other: _____		
___ Verbal abuse: (circle) yelling, cursing, berating, harassment, other: _____		
___ Threat: (circle) death, bodily harm, rape, explosive, other: _____		
___ Other: _____		
3. Were any weapons involved in this incident? ___ No ___ Yes (If yes, please provide a description of any weapons or objects used to threaten/harm) _____		
4. Security Alert Code called? ___ Yes ___ No Law Enforcement intervene? ___ Yes ___ No	Disposition of assailant: ___ Stayed on premise ___ Restrained ___ Left on their own ___ Escorted off premise ___ Arrested ___ Unknown	List assailant(s) – Name (or physical description), address, relationship to the hospital or intended victim _____ _____ _____
5. Factors leading to the incident (if any): ___ Dissatisfied with care ___ Prior history of violence ___ Mental/Cognitive impairment diagnosis ___ Intoxication ___ Grief related ___ Outside event (Community, domestic, etc.) ___ Other: _____ ___ Unknown _____		Provide a detailed description of the incident: _____ _____ _____ _____ _____
6. List all individuals involved in the incident (staff, victims, witnesses, etc.)	Name	Role (staff, victim, witness) Department/Room No.
_____	_____	_____
_____	_____	_____
7. Were any injuries sustained as a result of this incident? ___ Yes ___ No	List the individual and injuries received. _____ _____	
8. Additional Comments _____		
Report completed by (print and sign):	Title:	Date:
_____	_____	_____
Please complete and return to: Safety Coordinator or Risk Manager		



Violence Incident Response Team (VIRT)

Members and their responsibilities:

1. Safety Coordinator or designee
 - a) Sets up a meeting with the following: Employee (as appropriate), department manager, safety, human resources, risk management (if risk to patients/visitors), employee assistance program (EAP), counselor, and other consultants as appropriate
 - b) Takes immediate steps to ensure safety of environment and employees
 - c) Identifies ongoing role of Law Enforcement
 - d) Gives input regarding need for involvement of Law Enforcement
 - e) Serves as resource and advisor to team

2. Department Manager
 - a) Provides data about situation(s)
 - b) Assists in the identification of department needs
 - c) Participates in implementation of plan
 - d) Communicates to staff as appropriate
 - e) Reports on actions taken

3. Human Resources
 - a) May conduct threat assessment
 - b) Provides input in regards to confidentiality
 - c) Consults on appropriate interventions with employees
 - d) Serves as consultant on applicable policies and procedures

4. Risk Management
 - a) May conduct threat assessment
 - b) Advises on areas of patient/visitor risk
 - c) Recommends appropriate action
 - d) Advises when there is indication for legal counsel

5. Employee Assistance Program
 - a) Participates in assessment of environment
 - b) Advises department manager on staff needs such as fitness for duty, debriefing, counseling and referral
 - c) Provides emotional support to staff as appropriate
 - d) Accesses outside psychological consultation as needed

6. Other members might include, but are not limited to:

Administration	Public Relations	Clergy
Unit Charge Nurse	House Supervisor	Union representatives
Patient representatives	Law Enforcement	Violence advocacy services
Community resources		



VIRT – DOMESTIC VIOLENCE ASSESSMENT

Date: _____

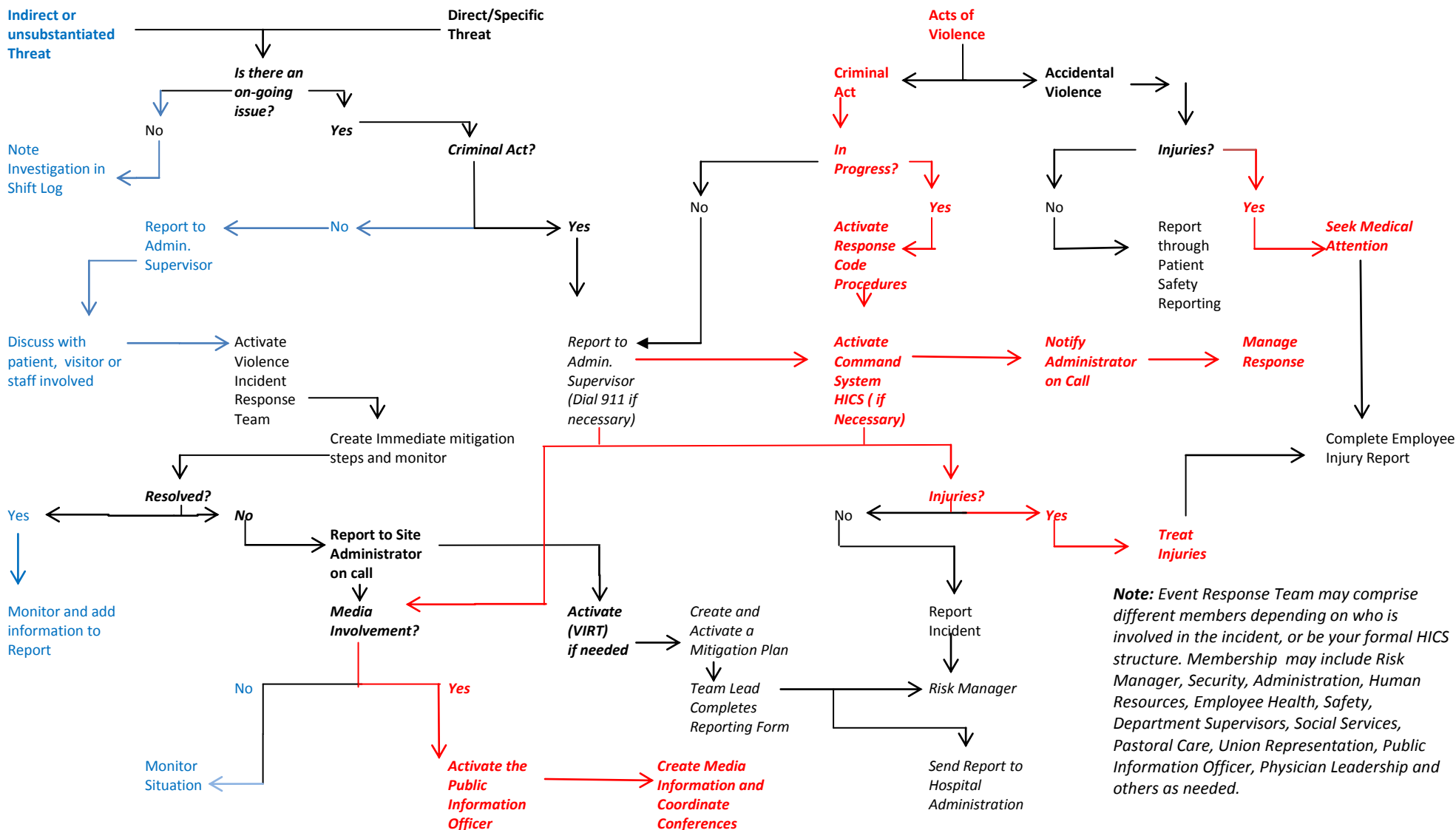
Time: _____

Completed by: _____

Situation:					
Issue	Yes	No	N/A	Response	Action
How long has there been a problem?					
Has the abuse increased in frequency and/or intensity recently?					
Have there been specific threats made?					
What is the nature of the threats?					
How are threats being communicated?					
Has the partner made threats in the past?					
Does the partner know where the employee currently lives?					
Does the partner know the employee's work schedule?					
Does the partner know the employee's work location?					

Has the partner appeared at work recently, been observed watching the work site or attempted contact or entrance to the work site?					
Has the partner recently vandalized any property at or near the workplace to let the victim know where he/she is? (i.e., car damage)					
Is the partner angry, upset, or suspicious of any other employees? Have threatening comments been made about other employees?					
Does the partner have a history of violence?					
Has the partner been abusing or killing animals or family pets?					
Does the partner have access to guns/weapons? Was there a recent purchase of a gun? Has the employee been threatened with a gun or weapon?					
Has the partner ever made the employee fear for his or her life?					
Is the partner showing signs of depression or other mental health issues?					
Is the partner experiencing other forms of stress such as recent job loss, legal or financial problems?					
Does the partner abuse drugs or alcohol?					

Reporting Workplace Violence: Because workplace violence comes in so many forms and magnitudes, how it is reported and where it is reported to will vary with each incident. Reports may go to many sources such as: Department Supervisors, Human Resources, Administration, Law Enforcement or the Emergency Department. These reports or complaints may come through direct physical violence (either intentional or unintended patient physical response) or come as a threat in mail, e-mail, phone calls, texts, etc. In all cases it is important to report this to your shift supervisor or to Law Enforcement as necessary.



Note: Event Response Team may comprise different members depending on who is involved in the incident, or be your formal HICS structure. Membership may include Risk Manager, Security, Administration, Human Resources, Employee Health, Safety, Department Supervisors, Social Services, Pastoral Care, Union Representation, Public Information Officer, Physician Leadership and others as needed.

Appendix G

HOSPITAL VIOLENCE DATA TRACKING

Event Date	Violence			Type of Violence		Injuries			Unit Location	Police Involvement? Was 911 called?	Critical Event Review?	Event Description	Optional Employee name/ID #
	Indirect Threat	Specific Threat	Violent Act	Intentional	Accidental	Pt.	Vis.	Staff					
	Indirect Threat	Specific Threat	Violent Act	Intentional	Accidental	Pt.	Vis.	Staff					
Totals													



WORKPLACE VIOLENCE, AFTER CARE CHECKLIST

Employee: Name: _____

Date: _____

Notify Department Head, House Supervisor

Fill out Employee Injury Report Form

Department Head/Supervisor/House Supervisor: Name: _____

Employee completed Injury Report Form

Safety Coordinator and Risk Manager informed (email if no injury, phone call if injury)

Law Enforcement notified

Debriefing held (victim, witnesses, other involved staff)

Employee Assistance Program Counselors contacted

Once the above steps have been completed please route to Safety Coordinator or Risk Manager

Safety Coordinator / Risk Manager: Name: _____

Employee Contacted within 48 hours

Employee Contacted at 2 weeks

Employee Contacted at 60 days